

**DO THEY HAVE
*COVID SYMPTOMS**

Student Emails you they
tested
***COVID-19 POSITIVE**

*click for info

Student in close contact
with someone
***COVID-19 POSITIVE
Or Symptomatic**

Yes

NO

**WAS NOT WITHIN 6 ft
FOR more than 15 min**

**Recommend they
VOLUNTEER**
To fill out the
Voluntary COVID-19
***Self Reporting Form:**

AND

**PROTECT
THEIR PRIVACY**

Quarantine
RECOMMEND THEY SEE A DR.
Work with them on their Coursework
They cannot Return to
On-Campus Classes or Activities
Follow up with them
Protect Their Privacy

**CAN return to
On-Campus Classes
Or
Campus Activities**

They follow Public Health
Directives
(10 days post onset, no fever w/o
meds and symptoms
improvement)

**COVID-19 POSITIVE CONTACT
TRACING
WILL BE DONE BY**
***Riverstone/ Yellowstone Public Health**
And
STATE Health Lab
(NOT MSUB or YOU)

**YOU WERE WITHIN 6 ft
FOR more than 15 min
You will be CONTACTED**

OR

**YOU WERE NOT WITHIN 6 ft
FOR more than 15 min
You will be NOT BE CONTACTED**

**WASH YOUR HANDS
SOCIAL DISTANCE
WEAR A MASK
STAY HOME WHEN SICK**

MORE INFORMATION
Billings Clinic HealthLine:
406.255.8400
St. Vincent Healthcare:
406.237.8775
RiverStone Health Public Health
Information line: 406.651.6415